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***Safety & Health Assessment & Research for Prevention***

# Violence in Washington Workplaces, 1992

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# Acronym List

BLS.....Bureau of Labor Statistics

CFOI.....Census of Fatal Occupational Injuries

OSHA .....US  Occupational Safety and Health Administration

SIC.....Standard Industrial Classification code

# Executive Summary

This report describes injuries resulting from violence and assault in Washington workplaces in 1992. The data were based on information collected by Washington State for the 1992 US Department of Labor's Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries and Annual Survey of Occupational Injuries and Illnesses. Also included are workers' compensation claims related to assaults and violence from Washington State Department of Labor and Industries 1992 files. The objectives of this report are to describe occupational groups that are at high risk of experiencing violence- and assault-related injuries in Washington and to determine where preventive efforts might be targeted.

In 1992, 13 occupational fatalities related to assaults and violent acts occurred in Washington. Most of these occurred in workplaces that are known to be at high risk: grocery stores, liquor stores, restaurants, fast food establishments, lounges, and transit vehicles. More striking are estimates of non-fatal injuries related to assaults and violence: according to the BLS survey, 784 incidents resulting in one day or more of lost time from work occurred in Washington workplaces in 1992. Workers' compensation data included 2,395 claims for assault- and violence-related injuries for 1992; 607 of these (25 percent) resulted in four or more days of lost time from work.

Washington industries identified as high-risk for assault- and violence-related injuries were similar for the BLS and workers' compensation data sources: individuals who work in Social Services, Health Services, Transit, and Hotels and Lodging were identified as having large numbers and high rates by both data sources. For the BLS data source, these four industries accounted for 82 percent of all private sector injuries related to assaults or violence. Other high-risk industries identified by workers' compensation data included Public Administration, Education Services, Eating and Drinking Places, Detective and Armored Car Services, Food Stores, and Amusement and Recreation Services. According to BLS data, the two-digit Standard Industrial Classification with the highest assault- and violence-related injury rate was Local and Interurban Transit (75 per 10,000 workers); according to workers' compensation data, Social Services had the highest rate (148 per 10,000 workers). The largest numbers of injuries occurred in Health Services; workers' compensation data indicated that the six occupations with the largest numbers of assault-related claims in 1992 were Health and Social Services related (nursing aids, health aids, health technicians, social workers, licensed practical nurses, and registered nurses). A limited analysis of trends in workers' compensation claims over time indicated that the total number of assault- and violence-related claims increased 35 percent from 1988 to 1992; the Health and Social Services industries were the largest contributors to this increase.

When injuries were examined by the nature of event that caused the assault or violent act, it was found that most of these injuries occurred relatively predictably--in industries and

occupations that are inherently at high risk of work-related violence (e.g., police and correctional officers), at high risk of indirect violence when robbery was the primary motive (restaurants, armored cars, taxis, hotels, motels, and grocery and convenience stores), or where employees were assaulted by physically or mentally impaired students, clients, and patients (health, social, and education services). In the last group of workplaces, it is often not possible to determine if injuries are intentional or unintentional.

Regardless of intent, all of these high-risk industries experience considerable assault-related morbidity. In each of these work settings, prevention strategies may be developed that specifically address high-risk situational factors.

Assault- and violence-related injuries are increasingly recognized as contributing to work-related morbidity. For the most part, the settings in which they occur are predictable, and many of these injuries may be preventable.

# Introduction

A number of occupational groups are recognized as being at high risk of experiencing work-related violence, particularly service sector employees such as security guards, police officers, and those working in gasoline stations, convenience stores, hotels, motels, and public transit (Hales, et al, 1988). Perhaps the most visible incidents are work-related homicides: results from the National Institute for Occupational Safety and Health National Traumatic Occupational Fatalities surveillance system showed taxi drivers, police officers, and hotel clerks as the occupations with the highest risk of being killed on the job (Castillo and Jenkins, 1994). In 1992, 1,216 individuals were fatally injured as a result of violence or assault in US workplaces (Bureau of Labor Statistics, 1993).

Far larger numbers of incidents result in non-fatal injury. In 1992, approximately 22,400 US workers in private industry experienced injuries related to violence or assault that resulted in taking one or more days off work (Bureau of Labor Statistics, 1994a).

Workplace violence is not a homogeneous phenomenon and it is important to distinguish the various environments in which violence- and assault-related injuries occur. The best recognized incidents might be the often highly-publicized acts of individuals who express homicidal behavior in a former workplace or public setting. These incidents appear to be random and unexpected, and are relatively rare; often they are related to the individuals' personal characteristics and background. Some occupations are inherently at high risk of intentional violence, including police officers, security guards, and correctional facility attendants. Other occupations are high risk because they present easy targets for criminals whose intent is robbery, including taxi drivers and service station, convenience store, motel, and hotel clerks. In these workplaces, personal harm is often the indirect result of other criminal activity.

Another high-risk group are those who work in occupations that have frequent contact with physically and mentally impaired individuals, such as employees who work in social services and health care. Health care workers are at high risk of experiencing assaults by patients (Lipscomb and Love, 1992), although it may be difficult to determine if injuries are deliberate or unintentional.

This report describes injuries resulting from violence and assault in Washington workplaces in 1992. Selected data for the US as a whole are also presented for comparison. The Washington data are based on information collected by Washington State for the 1992 US Department of Labor's Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries and Annual Survey of Occupational Injuries and Illnesses. In the case of the latter survey, 1992 was the first year BLS began using a coding scheme that explicitly classified injuries due to assault or violence. Also included are 1992 Washington State Department of Labor and Industries workers' compensation claims related to assaults and violence (although these injuries are not specifically coded as such). The objectives of this report were to describe occupational groups that are at high risk of

experiencing violence- and assault-related injuries in Washington and to determine where preventive efforts might be targeted.

# Methods

Three sources of data, described below, were used for this report.

## 1992 Census of Fatal Occupational Injuries (CFOI)

CFOI is a federal/state cooperative program; in Washington State, the Department of Labor and Industries conducts the census in collaboration with BLS (Bureau of Labor Statistics, 1993; State of Washington, 1994a). The CFOI program attempts to provide a complete count of occupational injury deaths occurring in all 50 states during the reference year. To be included in the census, a decedent must have been employed for pay or compensation at the time of the incident, and engaged in a work activity or present at the site of the incident as a condition of employment. The occupational death must have occurred in the reference state or the reference state must have issued the death certificate; the death must have occurred during the reference year; and the incident or exposure resulting in death must have occurred while the individual was in work status.

Information sources include death certificates; state workers' compensation reports; coroner, medical examiner, and autopsy reports; US Occupational Safety and Health Administration (OSHA) reports; news media items; follow-up questionnaires; state motor vehicle reports; other federal reports; and miscellaneous sources.

Records are collected for both occupationally-related injuries and illnesses; this report includes only information regarding injuries.

Occupational injury deaths occurring in 1992 in Washington and the US as a whole are described by event or exposure that caused the fatality.

## 1992 BLS Annual Survey of Occupational Injuries and Illnesses

The Washington State Department of Labor and Industries also conducts the Annual Survey of Occupational Injuries and Illnesses in collaboration with BLS (Bureau of Labor Statistics, 1994a; Bureau of Labor Statistics, 1994b; State of Washington, 1994b). In Washington, a sample of approximately 10,000 employers is surveyed every year, using standardized procedures established by BLS to ensure uniformity and consistency among participating states.

Occupational illness and injury information is taken from the US Occupational Safety and Health Administration (OSHA) Log and Summary of Occupational Injuries and Illnesses

(OSHA form No. 200), which most employers are required by federal law to keep, and from the Supplemental Record (OSHA form No. 101) or state equivalent (Bureau of Labor Statistics, 1986). Employers with fewer than 11 employees are exempted from the record-keeping requirements; other selected businesses are also exempt (those in Standard Industrial Classification codes 55-67, 72, 73, 78, 81-84, 86-89). The logs are intended to include all recordable illnesses and injuries which result in loss of consciousness, restriction of work or motion, transfer to another job, medical treatment other than first aid, or workdays lost other than the initial day of injury, and all diagnosed occupational illnesses.

The survey includes a weighted sample of all Washington businesses, including those that are exempted from regular record-keeping requirements (except farms in SIC code 02 with fewer than 11 employees). Exempted businesses are notified in advance that they will be included in the next survey and that they must keep records for the following year. Information on the number of employees working at each sampling location is also collected. Results from the sampled employers are weighted so that reported numbers reflect the entire working population of the state.

## Coding of Injuries and Illnesses

All cases are coded as to industry using Standard Industrial Classification (SIC) codes. Injuries and illnesses that result in lost work days (one day or more) are coded as to nature, body part, source, type of event or exposure, and secondary source that caused the injury using the BLS Occupational Injury and Illness Classification System (OIIC) codes. The event or exposure code describes the manner in which the injury was inflicted or produced. In 1992, BLS began using this new coding scheme that specifically designates events related to assaults and violent acts. The new category includes assaults and violent acts by persons (with subcategories for biting; hitting, kicking, and beating; shooting; squeezing, pinching, scratching and twisting; stabbing; rape; threats or verbal assaults; and assaults not otherwise classified), self-inflicted injury, and assaults by animals. In this report, only data for violence- and assault-related injuries caused by persons other than the victim are included.

Statistics on violence- and assault-related injuries are presented for Washington private and public sector employers; where possible, rates and numbers are presented by industrial classification. In order to publish estimates for any particular two-, three- or four-digit SIC code, criteria must be met which protect the confidentiality of individual employers and ensure reliability of the reported data. For surveyed companies, data cannot be reported for an industrial (or other) classification if information specifically identifies individual employers (because they had no reported cases, the total injury/illness incidence rate was less than 0.05, or a single company contributed 90 percent or more of unweighted injury and illness cases). For the reported (weighted) data, data cannot be reported for an industrial classification unless the annual average employment for that industry level was 2,500 or greater, the industry included three or more companies, and there was no single company that contributed 60 percent or more of the total employment.

Other criteria ensure that data are not reported unless they are statistically reliable. Because of these policies that were established to ensure the protection of survey respondents and to minimize misuse of the data, it is not possible to present a detailed breakdown by industry and occupation.

## Workers' Compensation Claims

Workers' compensation claims data for 1992 were obtained from Washington State Department of Labor and Industries files. In Washington, employers are required to obtain workers' compensation insurance through the Department's Industrial Insurance system unless they are able to self-insure (with the exception of those who are self-employed, who are not required to have coverage). Approximately two-thirds of the workers in the state are covered by the Department's State Fund, while the rest (who work chiefly for the largest employers) are covered by their employers. The Department maintains files for both types of businesses, although they differ in some respects, as described below.

Injured employees may be reimbursed for medical treatment costs only (referred to as "noncompensable" claims) and/or for lost time from work (referred to as "compensable" claims, which must have resulted in four or more days of lost work time).

Claims are coded as to industry and occupation of the claimant; injury source, nature, and body part, and type of event or exposure that caused the injury are coded using US Department of Labor Z16.2 codes, developed by the American National Standards Institute. The coding system does not specifically designate injuries as assault- or violence-related. For the purposes of this analysis, assault- and violence-related claims were defined as those with source codes 5900, 5999, or 6000 (person other than injured; person, unspecified; or firearms) and a type of event or exposure code 025, 026, 027, 028, 029, or 502 ( bitten by; struck by person; struck by person in act of crime; stabbed by; struck by, not otherwise classified; or shot by another person). In contrast to BLS methodology, all claims are coded in this manner (not only those resulting in days lost from work).

The State Fund data base includes claims involving medical treatment and/or time lost from work; the Self-Insurance data base includes only claims involving four or more days of time loss (with some exceptions). Information on employment is reported to the Department by State Fund employers as number of hours worked by employees. Annual claim rates were calculated for State Fund employers as number of claims per Full Time Equivalent (FTE), assuming that each full-time employee works 2,000 hours per year (40 hours per week for 50 weeks per year). Work hours are not collected for self-insured companies, thus it is not possible to calculate claim rates for these businesses.

To carry out a limited analysis of trends over time, claims for 1992 were compared to those for 1988.

# Results

## Fatalities

A total of 97 occupational fatalities occurred in Washington in 1992 (Table 1). Thirteen (13 percent) resulted from assaults and violent acts. Nation-wide, 6,083 occupational fatalities were identified; 20 percent of these were related to workplace assault or violence.

Table 2 describes the Washington deaths. Two suicides are not included.

## Injuries: BLS Survey

Based on the results of the BLS Annual Survey of Occupational Injuries and Illnesses, an estimated total of 784 violence- and assault-related injuries resulting in at least one lost work day occurred in Washington in 1992 (Table 3). Over half of these occurred in workers employed in state or local government. Injury rates were 10-fold higher for state workers than those in the private sector.

Table 4 shows injury numbers and rates for the four private sector two-digit SIC codes at highest risk: Local and Interurban Transit, Hotels and Lodging, Health Services, and Social Services. Transit was the two-digit Standard Industrial Classification that experienced the highest rate of assault- and violence-related injury (74.8 per 10,000), while the largest number of injuries occurred in Health Services workers (227 of the 334 for all private sector businesses combined).

Table 4 also describes the percent of total injuries due to assaults and violence; for the four high-risk industries, this ranged from 1.8 percent (Hotels and Lodging) to 7.5 percent (Transit). When these four high-risk SIC codes were excluded from the total, 0.1 percent of total injuries (61/51,224) were due to assaults or violence. Thus, high-risk industries had proportions ranging from 15-fold higher (Hotels and Lodging) to 63-fold higher (Transit) than all other industries combined.

Table 5 compares severity of assault-related injuries to that for total injuries, defined as percent of injuries with 31 or more days away from work (the total includes only injuries resulting in one or more days of time loss). For the US private sector, these figures are similar (but assault-related claims result in a slightly smaller percentage with 31 or more days away from work). In Washington State's private sector, the proportion of assault-related injuries resulting in 31 or more days away from work was substantially smaller than that for total claims (2.6 versus 16.3 percent); proportions were similar for state and local

government. Across all sectors, median days away from work were the same or lower for assault-related claims than for all injury types combined.

## Injuries: Workers' Compensation Claims

A total of 2,395 claims related to assaults and violence were identified for Washington State in 1992; 607 were compensable (Table 6). For nearly all claims, the source of injury was "person other than claimant"; the most frequent injury type was "struck by person" (Table 6).

Industries with the largest numbers of assault- and violence-related claims are shown in Tables 7 and 8. For Self-Insured employers, Educational Services, Health Services, Public Administration, Local and Interurban Transit, and General Merchandise Stores were the two-digit SIC codes with the largest numbers of these claims (Table 7). For State Fund employers, Health Services, Social Services, Eating and Drinking Places and Public Administration were the industries with the largest numbers of these claims (Table 8). Over half the injuries occurred in Health and Social Services.

State Fund industries with the highest rates for claims related to assaults and violence are shown in Table 9. Social Services, Health Services, and employment in Public Administration were the industries at highest risk.

Occupations with the largest numbers of claims related to assaults and violence are shown in Tables 10 and 11. For Self-Insured employers, bus drivers, police/detectives, teachers' aids, nursing aids/orderlies, and registered nurses were the occupations with the largest numbers of claims (Table 10). For State Fund employers, nursing aids/orderlies, health aids, health technicians, social workers, and nurses were the occupations with the largest numbers of claims (Table 11).

## Time Trends

Table 12 compares Washington State Fund workers' compensation claims related to assaults and violence for 1992 and 1988. Numbers and claim rates are shown for the 14 two-digit SIC codes that had the largest numbers of claims and/or the highest claim rates in 1992. Over the four-year period, the number of claims increased from 1,659 to 2,234; numbers increased for every high-risk industry but three (Hotels and Lodging, Food Stores, and Transit). Health and Social Services were the two industries that contributed most to the increase in numbers of claims (470 of the 575 total increase, or 82 percent).

The overall rate of injuries related to assaults and violence increased from 17 to 19 per 10,000 over the four-year period. Rates increased for six industries, decreased for seven, and stayed the same for one two-digit SIC code. The increase in the overall assault- and

violence-related injury rate was largely due to increases in rates for the Health and Social Services industries.

# Discussion

In comparison to the US as a whole, Washington experienced a lower proportion of fatalities related to workplace assaults or violence: nation-wide, approximately 20 percent of total fatalities were caused by violence, while 13 percent of occupational deaths in Washington were related to violence. Thirteen occupational fatalities related to assaults and violent acts occurred in Washington in 1992. Most of these occurred in workplaces that are known to be at high risk: grocery stores, liquor stores, restaurants, fast food establishments, lounges, and transit (Castillo and Jenkins, 1994; Hales, et al, 1988).

More striking are estimates of injuries related to assaults and violence: according to the BLS survey, 784 incidents resulting in one day or more of time loss occurred in Washington workplaces in 1992. Survey data for private sector employers indicated that Washington experienced a lower proportion of total injuries that were related to assaults and violence (0.6 percent) than the US as a whole (1.0 percent). Assault-related injuries were generally the same or lower in severity than for all injuries combined, as determined by median days away from work or percent of total injuries with 31 or more days away from work.

Workers' compensation data included 2,395 claims for assault- and violence-related injuries for 1992; 607 of these (25 percent) resulted in four or more days of lost time from work.

Both the BLS and workers' compensation data sources underestimate the number of injuries related to assaults and violence. The BLS survey data do not include incidents that did not result in lost work time. The workers' compensation data do not include injuries occurring in the larger Self-Insured workplaces that did not result in lost work time (i.e., that involved only reimbursement for medical treatment costs) or injuries occurring in self-employed individuals and other workers who are not required to have workers' compensation coverage. In addition, both data sources are generally subject to incentives and disincentives for employees to report injuries. Thus, the full burden of morbidity may not be reflected in these data sources.

Washington industries identified as high-risk for assault- and violence-related injuries were similar for the BLS and workers' compensation data sources: individuals who work in Social Services, Health Services, Transit, and Hotels and Lodging were identified as having large numbers and high rates by both data sources. For the BLS data source, these four industries accounted for 82 percent of all private sector injuries related to assaults or violence. When the proportion of total injuries caused by assaults or violence was compared for these four high-risk industries and all other industries combined, the former had proportions ranging from 15-fold higher (Hotels and Lodging) to 63-fold higher (Transit). Other high-risk industries identified by workers' compensation data included Public Administration, Education Services, Eating and Drinking Places, Detective and Armored Car Services, Food Stores, and Amusement and Recreation Services. While

many of these industries might be predicted to be at high risk for non-fatal injuries because they are at high risk for fatalities, others are not. The largest numbers of assault-related injuries occurred in Health Services occupations (68 percent of private sector injuries related to assaults and violence, according to the BLS data; 34 percent of State Fund workers' compensation claims related to violence). The workers' compensation data indicated that the six occupations with the largest numbers of assault-related claims in 1992 were Health and Social Services related: nursing aids, health aids, health technicians, social workers, licensed practical nurses, and registered nurses, with 52 percent of the total assault- and violence-related State Fund claims. In workplaces where injuries occur as a result of contact with mentally or physically disabled students, clients, or patients, it may not be possible to determine if the injury was intentional or unintentional. Regardless of intent, it is important to point out that these workplaces experience considerable assault-related morbidity.

It was not possible to examine trends over time for Washington using the BLS data on assault- and violence-related fatalities and injuries, as the fatality census was first carried out in Washington in 1991; sufficient detail on event coding for the injury survey was initiated in 1992. Although not the focus of this report, it was possible, however, to carry out a limited examination of time trends using workers' compensation data. A comparison of State Fund claims data for the years 1988 and 1992 revealed that the total number of assault- and violence-related claims increased from 1,659 in 1988 to 2,234 in 1992. The 1988 claims were nearly identical to 1992 claims in description, with similar distributions by source and type of injury, industry, and occupation. Health and Social Services were the two industries that contributed most to the increase in numbers of claims (470 of the 575 total). The overall rate of injuries related to assaults and violence increased from 17 to 19 per 10,000 over the four-year period. The increase in the overall assault- and violence-related injury rate was largely due to increases in rates for Health and Social Services employees, as well.

When injuries were examined by the nature of event that caused the assault or violent act, it was found that most of these injuries occurred relatively predictably--in industries and occupations that are inherently at high risk of work-related violence (e.g., police and correctional officers), at high risk of indirect violence when robbery was the primary motive (restaurants, armored cars, taxis, hotels, motels, and grocery and convenience stores), or where employees were assaulted by physically or mentally impaired students, clients, and patients (health, social, and education services). In each of these work settings, prevention strategies may be developed that specifically address high-risk situational factors. In grocery stores, convenience stores, and restaurants, this might include prohibiting employees from working alone in the evening and increasing lighting in and around facilities. In February of 1990, a new regulation went into effect in Washington State which required all employers operating late night retail establishments to offer crime prevention training to their employees, provide adequate lighting levels, and assure a clear view of cash registers from the street and limited access to safes and cash. The reduction in the rate for assault- and violence-related workers compensation claims for Food Stores, from 23 per 10,000 in 1988 to 15 per 10,000 in 1992, may be an indication that these measures are effective in reducing workplace violence (Table 12).

In institutional settings, changes in floor layout, increased staffing, and improvements in alarm systems and employee training with regard to assaultive behavior may be effective prevention strategies (Bensley, et al, 1993).

In conclusion, assault- and violence-related injuries are increasingly recognized as contributing to work-related morbidity. For the most part, the settings in which they occur are predictable, and many of these injuries may be preventable.

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# Tables

## Table 1. Occupational Fatalities by Event or Exposure: US and Washington State, 1992

| | US | | Washington | |
|---|---|---|---|---|
| Event or exposure | No. | % | No. | % |
| Transportation accidents | 2,441 | 40 | 32 | 33 |
| Assaults and violent acts | 1,216 | 20 | 13 | 13 |
| Contacts with objects and equipment | 1,001 | 16 | 31 | 32 |
| Falls | 590 | 10 | 11 | 11 |
| Exposures to harmful substances or environments | 593 | 10 | 6 | 6 |
| Fires and explosions | 167 | 3 | 4 | 4 |
| Other events and exposures | 75 | 1 | | |
| Total | 6,083 | 100 | 97 | 100 |

Source: 1992 Survey of Occupational Injuries and Illnesses, a joint program of the Washington State Department of Labor and Industries and the US Department of Labor Bureau of Labor Statistics (Bureau of Labor Statistics, 1993; State of Washington, 1994a).

## Table 2. Descriptions of Occupational Fatalities Resulting from Violence or Assaults: Washington, 1992

1. 28-year-old male cab driver, found dead from stab wounds on highway; apparent robbery.
2. 57-year-old male liquor store clerk, killed by gunshot in holdup.
3. 45-year-old male janitor/watchman at church assaulted by assailant; died of complications to liver.
4. 25-year-old male pizza delivery person, killed by gunshot in apparent robbery.
5. 24-year-old male lounge doorman killed by gunshot in disturbance in parking lot.
6. 44-year-old male truck driver shot when loading his vehicle.
7. 40-year-old male restaurant owner shot during robbery.
8. 45-year-old male store owner shot by partner in apparent murder-suicide. Bodies found inside a burned building.
9. 45-year-old male grocery store owner shot in drive-by shooting.
10. 20-year-old female fast-food worker died from blunt force injuries to head received in conjunction with a robbery. Former coworker was the assailant.
11. 24-year-old male fast-food worker received fatal wounds inflicted by former coworker.

Source: 1992 Bureau of Labor Statistics Census of Fatal Occupational Injuries (State of Washington, 1994a). The descriptions of two suicide fatalities are not included.

## Table 3. 1992 Bureau of Labor Statistics Annual Survey of Occupational Injuries and Illnesses: Injuries Related to Violence and Assaults by Persons, Total US and Washington State

| Sector | No. Assaults | Total Injuries & Illnesses | Assaults/ Total Injuries (%) | Assault Rate per 10,000 employees |
|---|---|---|---|---|
| **Total US** | | | | |
| Private sector | 22,400 | 2,331,100 | 1.0 | not available |
| **Washington State** | | | | |
| Private sector | 334.0 | 57,257.4 | 0.6 | 3.5 |
| State government | 315.2 | 2,412.2 | 13.1 | 34.6 |
| Local government | 135.3 | 4,802.2 | 2.8 | 13.3 |
| Total | 784.5 | 64,471.8 | 1.2 | not available |

Source: 1992 Survey of Occupational Injuries and Illnesses, a joint program of the Washington State Department of Labor and Industries and the US Department of Labor Bureau of Labor Statistics (Bureau of Labor Statistics, 1994a; Bureau of Labor Statistics, 1994b; State of Washington, 1994b).
Note: The numbers that appear are estimates for all workplaces, calculated using the Survey's weighted sampling design. Injuries include cases resulting in one or more days of time loss.

## Table 4. 1992 Bureau of Labor Statistics Annual Survey of Occupational Injuries and Illnesses: Injuries Related to Violence and Assaults by Persons: Private Sector High-Risk Industries, Washington State

| SIC Code | Description | No. Assaults | Total Injuries & illnesses | Assaults/ Total (%) | Assault rate per 10,000 employees |
|---|---|---|---|---|---|
| 80 | Health services | 226.9 | 4,476 | 5.1 | 20.8 |
| 41 | Local and interurban transit | 22.3 | 298 | 7.5 | 74.8 |
| 70 | Hotels and lodging | 14.5 | 801 | 1.8 | 8.2 |
| 83 | Social services | 9.6 | 458 | 2.1 | 4.4 |
| All other SICs | | 60.7 | 51,224 | 0.1 | not available |
| Total | | 334.0 | 57,257 | 0.6 | 3.5 |

Source: 1992 Survey of Occupational Injuries and Illnesses, a joint program of the Washington State Department of Labor and Industries and the US Department of Labor Bureau of Labor Statistics (Bureau of Labor Statistics, 1994b; State of Washington, 1994b).
Note: The numbers that appear are estimates for all workplaces, calculated using the Survey's weighted sampling design. Injuries include cases resulting in one or more days of time loss.

## Table 5. 1992 Bureau of Labor Statistics Annual Survey of Occupational Illnesses and Injuries: Severity of Assault-related and Total Injuries: Percent of Injuries Resulting in 31 or More Days Away from Work, US and Washington State

| Area/Sector | % of injuries with ≥31 days away from work | Median days away from work |
|---|---|---|
| **US Private Sector** | | |
| Assaults/violent injuries | 17.7 | 5 |
| All events, combined | 19.7 | 6 |
| **Washington State** | | |
| Private sector | | |
| Assaults/violent injuries | 2.6 | 5 |
| All events combined | 16.3 | 5 |
| State government | | |
| Assaults/violent injuries | 23.2 | 9 |
| All events combined | 24.9 | 9 |
| Local government | | |
| Assaults/violent injuries | 18.0 | 3 |
| All events combined | 23.9 | 8 |

Source: 1992 Survey of Occupational Injuries and Illnesses, a joint program of the Washington State Department of Labor and Industries and the US Department of Labor Bureau of Labor Statistics (Bureau of Labor Statistics, 1994a; Bureau of Labor Statistics, 1994b; State of Washington, 1994b). The numbers that appear are estimates for all workplaces, calculated using the Survey's weighted sampling design. Injuries include cases resulting in one or more days of time loss.

## Table 6. Workers' Compensation Claims Related to Assaults and Violence[a], Washington State 1992

| | Self-Insured Employers | State Fund Employers |
|---|---|---|
| No. claims | 161 | 2,234 |
| No. compensable[b] | 159 | 448 |
| Total cost of claims | $276,690 | $5,720,406 |
| Average cost per claim | $1,719 | $2,561 |
| % female | 57.1 | 57.7 |
| Average age of claimant | 39 | 34 |

| | Self-Insured | | State Fund | |
|---|---|---|---|---|
| Source of Injury | No. | % | No. | % |
| Person other than claimant | 160 | 99.4 | 2,228 | 99.7 |
| Firearms | 1 | 0.6 | 6 | 0.3 |
| Type of Injury | | | | |
| Bitten by | 0 | 0.0 | 281 | 12.6 |
| Struck by person | 137 | 85.1 | 1,738 | 77.8 |
| Struck by person in act of crime | 12 | 7.5 | 78 | 3.5 |
| Struck by (not elsewhere classified) | 12 | 7.5 | 137 | 6.1 |

[a] Assault- and violence-related claims were defined as those with Z16.2 source codes 5900, 5999, or 6,000 with type of event codes 025, 026, 027, 028, 029, or 502.

[b] Claimants may be reimbursed for medical treatment costs ("noncompensable" claims) and/or time away from work ("compensable" claims, with 4 or more days of time loss). See text for full description.

## Table 7. Workers' Compensation Claims, Washington State Self-Insured Employers, 1992

### Industries with the Largest Numbers of Claims Related to Assaults and Violence

| SIC | Description | No. | % |
|---|---|---|---|
| | Total (all SIC codes combined) | 161 | 100.0 |
| 82 | Educational services | 42 | 26.1 |
| | Elementary and secondary schools | 42 | 26.1 |
| 80 | Health services | 36 | 22.4 |
| | General medical and surgical. hospitals | 28 | 17.4 |
| 91 | Public administration: executive, legislative and general | 26 | 16.1 |
| | Legislative bodies | 8 | 5.0 |
| | Executive Offices | 11 | 6.8 |
| 41 | Local and interurban transit | 17 | 10.6 |
| | Local and suburban transit | 16 | 9.9 |
| 53 | General merchandise stores | 6 | 3.7 |
| | Department stores | 6 | 3.7 |
| 54 | Food stores | 6 | 3.7 |
| | Grocery stores | 6 | 3.7 |
| 73 | Business services | 4 | 2.5 |
| | Detective and armored car services | 3 | 1.9 |
| 37 | Transportation equipment | 3 | 1.9 |
| | Aircraft | 3 | 1.9 |
| 92 | Public administration: justice, public order, and safety | 3 | 1.9 |
| | Courts | 2 | 1.2 |

## Table 8. Workers' Compensation Claims, Washington State Fund, 1992

### Industries with the Largest Numbers of Claims Related to Assaults and Violence

| SIC | Description | No. | % |
|---|---|---|---|
| | Total | 2,234 | 100.0 |
| 80 | Health services | 767 | 34.3 |
| | Skilled nursing care facilities | 440 | 19.7 |
| | Psychiatric hospitals | 223 | 10.4 |
| 83 | Social services | 522 | 23.4 |
| | Residential care | 397 | 17.8 |
| 58 | Eating and drinking places | 154 | 6.9 |
| | Eating places | 128 | 5.7 |
| 91 | Public administration: executive, legislative, and general | 88 | 3.9 |
| | General government not elsewhere classified | 74 | 3.3 |
| 92 | Public administration: justice, public order, and safety | 75 | 3.4 |
| | Police protection | 44 | 2.0 |
| | Correctional institutions | 30 | 1.3 |
| 73 | Business services | 66 | 3.0 |
| | Detective and armored car services | 45 | 2.0 |
| 82 | Educational services | 67 | 3.0 |
| | Elementary and secondary schools | 31 | 1.4 |
| | Colleges and universities | 30 | 1.3 |
| 70 | Hotels and other lodging places | 56 | 2.5 |
| | Hotels and motels | 20 | 0.9 |
| | Rooming and boarding houses | 27 | 1.2 |
| 54 | Food stores | 47 | 2.1 |
| | Grocery stores | 45 | 2.0 |
| 86 | Membership organizations | 46 | 2.1 |
| | Civic and social associations | 19 | 0.9 |
| | Religious organizations | 18 | 0.8 |

## Table 9. Workers' Compensation Claims, Washington State Fund, 1992

### Industries with the Highest Claim Rates Related to Assaults and Violence

| SIC | Description | Rate per 10,000 employees[a] |
|---|---|---|
| 83 | Social services | 148 |
| | Residential care | 552 |
| 80 | Health services | 106 |
| | Psychiatric hospitals | 788 |
| | Intermediate care facilities | 279 |
| | Skilled nursing care facilities | 236 |
| 92 | Public administration: justice, public order and safety | 66 |
| | Police protection | 130 |
| 94 | Public administration: administration of human resources | 48 |
| | Administration of social and manpower programs | 61 |
| 91 | Public administration: executive, legislative and general | 47 |
| | General government, not elsewhere classified | 51 |
| 79 | Amusement and recreation services | 32 |
| 41 | Local and interurban transit | 30 |
| 70 | Hotels and other lodging places | 29 |
| | Rooming and boarding houses | 77 |
| 78 | Motion pictures | 25 |
| 58 | Eating and drinking places | 18 |
| | Drinking places | 53 |
| | Eating places | 16 |

[a] Denominators are estimated based on the number of employee work hours reported by employers to the Department of Labor and Industries. Estimates assume each employee works 2,000 hours per year (40 hours per week for 50 weeks per year).

## Table 10. Workers' Compensation Claims, Washington Self-Insured Employers, 1992

### Occupations with the Largest Numbers of Claims Related to Assaults and Violence

| | No. | % |
|---|---|---|
| Total | 161 | 100.0 |
| Bus drivers | 23 | 14.3 |
| Public service, police/detectives | 16 | 9.9 |
| Teachers' aids | 12 | 7.5 |
| Nursing aids/orderlies | 11 | 6.8 |
| Registered nurses | 9 | 5.6 |
| Guards/police, excluding public service | 9 | 5.6 |
| Teachers, secondary | 8 | 5.0 |
| Corrections officers | 7 | 4.3 |
| Licensed practical nurse | 6 | 3.7 |
| Sales workers-retail/personal service | 6 | 3.7 |
| Teachers, elementary | 6 | 3.7 |

## Table 11. Workers' Compensation Claims, Washington State Fund Employers, 1992

### Occupations with the Largest Numbers of Claims Related to Assaults and Violence

| | No. | % |
|---|---|---|
| Total | 2,234 | 100.0 |
| Nursing aids/orderlies | 399 | 17.9 |
| Health aides, excluding nursing | 372 | 16.7 |
| Health technician, not elsewhere classified | 123 | 5.5 |
| Social workers | 94 | 4.2 |
| Licensed practical nurse | 91 | 4.1 |
| Registered nurses | 87 | 3.9 |
| Guards/police, excluding public service | 85 | 3.8 |
| Public service-police/detectives | 84 | 3.8 |
| Sales workers-retail/personal service | 49 | 2.2 |
| Managers/ administrators, not elsewhere classified | 47 | 2.1 |

## Table 12. Trends Over Time: Comparison of Assault- and Violence-Related Workers' Compensation Claims for Washington State Fund Employers, 1988 and 1992

| SIC | Description | No. 1988 | No. 1992 | Rate[a] 1988 | Rate[a] 1992 |
|---|---|---|---|---|---|
| | Total | 1,659 | 2,234 | 17 | 19 |
| 80 | Health services | 521 | 767 | 88 | 106 |
| 83 | Social services | 298 | 522 | 109 | 148 |
| 58 | Eating and drinking places | 134 | 154 | 18 | 18 |
| 91 | Public administration: executive, legislative and general | 79 | 88 | 57 | 47 |
| 92 | Public administration: justice, public order, and safety | 67 | 75 | 74 | 66 |
| 82 | Educational services | 60 | 67 | 14 | 13 |
| 73 | Business services | 50 | 66 | 11 | 13 |
| 70 | Hotels and other lodging places | 63 | 56 | 42 | 29 |
| 54 | Food stores | 60 | 47 | 23 | 15 |
| 86 | Membership organizations | 19 | 46 | 8 | 17 |
| 79 | Amusement and recreation services | 37 | 41 | 37 | 32 |
| 94 | Public administration: administration of human resources | 20 | 30 | 36 | 48 |
| 41 | Local and interurban transit | 15 | 11 | 44 | 30 |
| 78 | Motion pictures | 5 | 7 | 21 | 25 |

[a] Per 10,000 full-time equivalent employees. Denominators are estimated based on the number of employee work hours reported by employers to the Department of Labor and Industries. Estimates assume each employee works 2,000 hours per year (40 hours per week for 50 weeks per year).